

AUTO CR - LOG SUMMARY #1073399

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is alleged that the involved member responded to a domestic argument over a cell phone. After the situation was resolved with an exchange of cellphones, the offender turned and punched his girlfriend in the face. At that point, the offender resisted efforts to take him into custody. The involved officer deployed his taser to bring the offender under control.	(None Entered)		

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Witness	SWAIN, MATTHEW		015 /	SERGEANT OF POLICE	M	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
17-JAN-2015 07:51 - 17-JAN-2015 07:51		1531	015	290 - RESIDENCE	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD	Victim/Subject					M	BLK		
CPD Employee	Witness	BRATEK, CHRISTOPH W	8077	015 /	POLICE OFFICER	M	WHI		
CPD Employee	Witness	WOLINSKI, LUKASZ	17112	044 / 014	POLICE OFFICER	M	WHI		
CPD Employee	Involved Member	WOODS, GARETH A	4841	015 /	POLICE OFFICER	M	WHI		

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

Incident Category List

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	29-APR-2015 09:40	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	29-APR-2015 09:40	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	31-MAR-2015 01:51	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	31-MAR-2015 10:19	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	04-MAR-2015 08:30	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	Emailed Sgt. Swain for Taser download.
PRELIMINARY	25-FEB-2015 09:37	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	Please obtain taser deployment report.
PENDING ASSIGN TEAM	17-JAN-2015 03:34	MARZULLO, DAVID	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	17-JAN-2015 02:59	COSEY, ROBERT	INVESTIGATOR 3 COPA	113 /	
PRELIMINARY	17-JAN-2015 01:00	COSEY, ROBERT	INVESTIGATOR 3 COPA	113 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					COSEY, ROBERT	17-JAN-2015 01:00			
	DOCUMENTS - INTAKE INCIDENT		3	not approved	N	COSEY, ROBERT	17-JAN-2015 01:26	DELETED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Gareth Woods	N	HAYES, SHANNON	04-MAR-2015 08:25	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Christopher Bratek	N	HAYES, SHANNON	04-MAR-2015 08:25	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1		N	HAYES, SHANNON	31-MAR-2015 10:19	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		5	[REDACTED]	N	COSEY, ROBERT	17-JAN-2015 01:22	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	Sgt. Matthew Swain	N	HAYES, SHANNON	04-MAR-2015 08:26	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		4	[REDACTED] : Battery - Domestic Battery Simple	N	COSEY, ROBERT	17-JAN-2015 01:23	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Lukasz Wolinski	N	HAYES, SHANNON	04-MAR-2015 08:26	APPROVED		

Review Incident

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 17-JAN-2015) - LOG #1073399

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Witness	SWAIN, MATTHEW			015 /	SERGEANT OF POLICE	M	WHI		

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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	17-JAN-2015 13:00	COSEY, ROBERT	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	29-APR-2015 09:40	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
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PENDING SUPERVISOR REVIEW	17-JAN-2015 02:59	COSEY, ROBERT	INVESTIGATOR 3 COPA	113 /	

Status History

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PRELIMINARY	17-JAN-2015 01:00	COSEY, ROBERT	INVESTIGATOR 3 COPA	113 /	

CHICAGO POLICE DEPARTMENT

ARREST REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)
CPD-11. 420C(REV. 6/30)

FINAL APPROVAL

CB #: [REDACTED]

IR #: [REDACTED]

YD #: [REDACTED]

RD #: [REDACTED]

EVENT #: [REDACTED]

ARREST REPORTING

OFFENDER

Name: [REDACTED]

Res: [REDACTED]

None

DOB: [REDACTED]

AGE: 49 years

POB: Illinois

ARMED WITH Unarmed

Beat: 3100

Male

Black

5' 11"

220 lbs

Brown Eyes

Black Hair

Braids Hair Style

Medium Brown

Complexion

Marks: [REDACTED]

INCIDENT

Arrest Date: 17 January 2015 07:51

TRR Completed? Yes

Total No Arrested: 1

Co-Arrests

Assoc Cases

Location: [REDACTED]

Beat: 1531

DCFS Ward ? No

289 - Residence Porch/Hallway

Holding Facility: District 015 Lockup

Resisted Arrest? Yes

Dependent Children? No

CHARGES

1	Offense As Cited	720 ILCS 5.0/31-1-A	
		RESISTING/OBSTRUCT/PC OFF/CORR EMP/FRFTR	
		Class A - Type M	
2	Offense As Cited	720 ILCS 5.0/31-1-A	
		RESISTING/OBSTRUCT/PC OFF/CORR EMP/FRFTR	
		Class A - Type M	
3	Offense As Cited	720 ILCS 5.0/31-1-A	
		RESISTING/OBSTRUCT/PC OFF/CORR EMP/FRFTR	
		Class A - Type M	
4	Offense As Cited	720 ILCS 5.0/31-1-A	
		RESISTING/OBSTRUCT/PC OFF/CORR EMP/FRFTR	
		Class A - Type M	
5	Offense As Cited	720 ILCS 5.0/12-3.2-A-2	Domestic Related [REDACTED]
		DOMESTIC BATTERY - PHYSICAL CONTACT	
		Class A - Type M	

Victim

State Of Illinois Sgt. Swain

State Of Illinois P.O Bratek

State Of Illinois P.O Woods

RECOVERED
NARCOTICS

NO NARCOTICS RECOVERED

ARREST REPORTING

WARRANT

NO WARRANT IDENTIFIED

VICTIM AND COMPLAINANT

Name: [REDACTED]	Female	Injured? No	Deceased? No
	Black		
	DOB: [REDACTED]	Hospitalized? No	
	Age: 44 years	Treated and Released? No	
	Comments:		

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS SGT. SWAIN		Injured? No	Deceased? No
	DOB:	Hospitalized? No	
	Age:	Treated and Released? No	
	Comments:		

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS P.O BRATEK		Injured? No	Deceased? No
	DOB:	Hospitalized? No	
	Age:	Treated and Released? No	
	Comments:		

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS P.O WOODS		Injured? No	Deceased? No
	DOB:	Hospitalized? No	
	Age:	Treated and Released? No	
	Comments:		

NON-OFFENDER(S)

ARRESTEE
VEHICLE

NO ARRESTEE VEHICLE INFORMATION ENTERED

ARREST REPORTING

PROPERTIES	Confiscated Properties : All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.												
	PROPERTIES INFORMATION FOR [REDACTED] NOT AVAILABLE IN THE AUTOMATED ARREST SYSTEM.												
INCIDENT NARRATIVE	(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following) EVENT# [REDACTED] ABOVE SUBJECT PLACED IN CUSTODY ON SIGN COMPLAINTS BY [REDACTED] EX-GIRLFRIEND IN THAT ARRESTEE CAME TO RESIDENCE TO PICK UP A CELL PHONE. VICTIM HAD TOLD ARRESTEE NOT TO COME TO RESIDENCE THAT SHE WILL CALL THE POLICE IF HE SHOWED UP. ARRESTEE SHOWED UP AND VICTIM NOTIFIED POLICE. A/O WERE ON SCENE AND PROCEEDED TO MAKE AN EXCHANGE WITH CELL PHONE. P.O BRATEK EXCHANGED CELL PHONE AT WHICH TIME ARRESTEE TOOK A SWING AT VICTIM STRIKING VICTIM ON THE RIGHT SIDE OF FACE CAUSING VISIBLE REDNESS. A/O ATTEMPTED TO PLACE ARRESTEE IN CUSTODY AT WHICH TIME ARRESTEE RESISTED, BECAME PHYSICALLY AGGRESSIVE FLAILED HIS HANDS KICKED HIS FEET TO AVOID BEING PLACED IN CUSTODY. COMPUTER CHECK CLEAR OF WANTS, WARRANTS, AND INVESTIGATIVE ALERTS. CLEAR G.I.P./T.R.A.P. CLEAR 2 DEGREE BY ASSOCIATION. HAS PERSONAL PROPERTY INVENTORY UNDER # [REDACTED].												
	COURT INFO Desired Court Date: 03 February 2015 Branch: 63-2 555 W HARRISON ST - Room 40 Court Sgt Handle? No Initial Court Date: 18 January 2015 Branch: 1 2600 S CALIFORNIA - Room100 Docket #:	BOND INFO BOND INFORMATION NOT AVAILABLE											
REPORTING PERSONNEL	ATTESTING OFFICER: I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.												
	Attesting Officer: #11497 SANCHEZ, J L [REDACTED] 17 JAN 2015 10:25												
	ARRESTING OFFICER(S):												
	<table><tr><td>1st Arresting Officer:</td><td>#4841</td><td>WOODS, G A ([REDACTED])</td><td>Beat</td></tr><tr><td>2nd Arresting Officer:</td><td>#8077</td><td>BRATEK, C W ([REDACTED])</td><td>1541</td></tr><tr><td></td><td></td><td></td><td>1523</td></tr></table>		1st Arresting Officer:	#4841	WOODS, G A ([REDACTED])	Beat	2nd Arresting Officer:	#8077	BRATEK, C W ([REDACTED])	1541			
1st Arresting Officer:	#4841	WOODS, G A ([REDACTED])	Beat										
2nd Arresting Officer:	#8077	BRATEK, C W ([REDACTED])	1541										
			1523										
APPROVING SUPERVISOR:													
Approval of Probable Cause : #849 RAFFAE, J J [REDACTED] 17 JAN 2015 10:27													

ARREST PROCESSING REPORT

Holding Facility: District 015 Lockup
Received in Lockup: 17 January 2015 08:10
Prints Taken: 17 January 2015 12:03
Palmprints Taken: Yes
Photograph Taken: 17 January 2015 12:21
Released from Lockup:

Time Last Fed:
Time Called: 17 January 2015 12:23 Phone#: 7088019457
Cell #: 10
Transport Details : 1PO 1542 17-JAN-2015 07:52

VISUAL CHECK OF ARRESTEE

Is there obvious pain or injury? Yes
Is there obvious signs of infection? No
Under the influence of alcohol/drugs? No
Signs of alcohol/drug withdrawal? No
Appears to be despondent? No
Appears to be irrational? No
Carrying medication? Yes

ARRESTEE QUESTIONNAIRE

Presently taking medication? Yes
(if female)are you pregnant?
First time ever been arrested? No
Attempted suicide/serious harm? No
Serious medical or mental problems? No
Are you receiving treatment? Yes
Transgender/intersex/gender non-conforming? No
Deaf/hard of hearing-request interpreter for court? No
Interpreter needed? (indicate language) No

RETURN TO HOLDING FACILITY COMMENTS:

QUESTIONNAIRE REMARKS:

Arrestee Has Minor Abrasion, Swelling, And Bruising Around Right Eye And Was Sent To Hospital For Treatment.

LOCKUP KEEPER COMMENTS:

17 JAN 2015 12:29 16750 SMITH, Shannon P [REDACTED]: Arrestee Returned From [REDACTED] With Medical Clearance And Was Photoed And Printed. Made Call.

EMERGENCY CONTACT

Name : REFUSED

Res:

Beat:

INTERVIEW LOG

NO INTERVIEWS LOGGED

VISITOR LOG

NO VISITORS LOGGED

ARREST PROCESSING REPORT

MOVEMENT LOG

Action	By	Destination	Reason
RELEASED BY	#849 Raffae, James J [REDACTED]	17 JAN 2015 10:32 District 015 Lockup	
RECEIVED BY	#12951 Deles, Vita	17 JAN 2015 10:32 Loretto	Claims Illness
RECEIVED BY	#849 Raffae, James J [REDACTED]	17 JAN 2015 12:15 District 015 Lockup	Return From Hospital.

WC COMMENTS

Watch Commander Comments:

REL w/o CHARGING

DOES NOT APPLY TO THIS ARREST

PROCESSING PERSONNEL

ARRESTEE PROCESSING PERSONNEL:

	Beat
Searched By: MUHAMMAD, I S [REDACTED]	
Lockup Keeper: #16750 SMITH, S P [REDACTED]	
Assisting Arresting Officer: #11497 SANCHEZ, J L [REDACTED]	1513
Assisting Arresting Officer: #11932 DRISKILL, S C [REDACTED]	1522
Assisting Arresting Officer: #12932 GUEVARA, G A [REDACTED]	1542
Assisting Arresting Officer: #1335 SWAIN, M [REDACTED]	1520
Assisting Arresting Officer: #16075 WOLINSKI, L [REDACTED]	1520
Assisting Arresting Officer: #17782 SERRANO, B [REDACTED]	1512
Assisting Arresting Officer: #19274 RAMIREZ JR, A S [REDACTED]	1543
Fingerprinted By: MUHAMMAD, I S [REDACTED]	

APPROVAL PERSONNEL:

	Beat
Final Approval of Charges : #849 RAFFAE, J [REDACTED]	17 JAN 2015 12:54

INCIDENT	APPROVAL COMPLETE		
	IUCR: 0486 - Battery - Domestic Battery Simple		
	Occurrence Location: [REDACTED] 289 - Residence Porch/Hallway	Beat: 1531	Unit Assigned: 1541 RO Arrival Date: 17 January 2015 07:46
	Occurrence Date: 17 January 2015 07:42	# Offenders: 1	

NON-OFFENDER(S)	VICTIM - Individual								
	Name: [REDACTED] Res: [REDACTED] Sobriety: Sober CPD Officer: No	Beat: 1531	Demographics Female Black 5'09, 250 lbs Brown Eyes Black Hair Corn Rows Hair Style Medium Brown Complexion Identification: <table><tr><td>Type</td><td>State</td><td>Number</td></tr><tr><td>State Id</td><td>Illinois</td><td>[REDACTED]</td></tr></table>	Type	State	Number	State Id	Illinois	[REDACTED]
	Type	State	Number						
	State Id	Illinois	[REDACTED]						
Other Communications and Availability									
Cellular Phone : [REDACTED]									

NON-OFFENDER(S)	VICTIM - Individual		Police Officer
	Name: BRATEK, Christopher Res: 5701 W Madison St Chicago IL Sobriety: Sober CPD Officer: Yes	Beat: 1513	
	Other Communications and Availability		
	Business Phone : [REDACTED]		

NON-OFFENDER(S)	VICTIM - Individual		Police Officer
	Name: WOLINSKI 5701 W Madison St Chicago, Illinois Sobriety: Sober CPD Officer: Yes	Beat: 1513	
	Other Communications and Availability		
	Cellular Phone : [REDACTED]		

NON-OFFENDER(S)	VICTIM - Individual		Police Officer
	Name: WOODS, Gareth A Res: 5701 W Madison St Chicago IL Sobriety: Sober	Beat: 1513	
	Other Communications and Availability		
	Cellular Phone : [REDACTED]		

CPD Officer: Yes

Other Communications and Availability

Business Phone : [REDACTED]

VICTIM - Individual

Police Officer

Name: SWAIN, Matt

5701 W Madison St
Chicago, Illinois
312 - 743 - 1440

Beat: 1513

Sobriety: Sober

CPD Officer: Yes

WITNESS - Individual

Name: [REDACTED]

Res: [REDACTED]

Beat: 1531

CPD Officer: No

Demographics

Male

Black

5'06,

218 lbs

Brown Eyes

Black Hair

Short Hair Style

Medium Brown Complexion

DOB: [REDACTED]

Age: 64 Years

Birth Place: Illinois

Identification:

TypeStateNumber

State Id

Illinois

Other Communications and Availability

Cellular Phone : [REDACTED]

NON-OFFENDER(S)

INJURY(S)

Injury Info [REDACTED] - Victim)

Extent: Minor

TypeWeapon UsedOther Weapon Used

Blunt Trauma

Hand/Feet/Teeth/Etc.

Other - Left Closed Fist

SUSPECT(S)

Suspect # 1

In Custody

Name: [REDACTED]

Res: 1851 S 9th Ave
Maywood ILLINOIS 60153

Beat: 3100

Demographics

Male

Black

5'11,

220 lbs ,

Brown Eyes

Black Hair

Dreadlocks Hair Style

Medium Brown Complexion

DOB: [REDACTED]

Age: 49 years

Birth Place: Illinois

DLN: [REDACTED]

Suspected of Using:
Alcohol

RELATIONSHIP	[REDACTED]	(Victim)	is a Ex Girlfriend of	[REDACTED]	(Offender)
	BRATEK, Christopher	(Victim)	is a No Relationship of	[REDACTED]	(Offender)
	WOLINSKI	(Victim)	is a No Relationship of	[REDACTED]	(Offender)
	WOODS, Gareth,A	(Victim)	is a No Relationship of	[REDACTED]	(Offender)
	SWAIN, Matt	(Victim)	is a No Relationship of	[REDACTED]	(Offender)

DOMESTIC INFO	Order Of Protection Info	
	Order Of Protection #: IL	
	Past Abuses: 1	Procedure Notifications
	Transportation Arranged/Provided to Relocate? Declined	Domestic Info Notice Provided? Yes
	Victim Advised of Hotline #? Yes	Victim Advised of OOP Procedures? Yes
		Victim Advised of Warrant Procedures? Yes

OTHER	Miscellaneous
	Victim Information Provided
	Flash Message Sent ? No

OTHER PROPERTIES	Property #1	Possessor/User: Woods, Gareth A
	Description: Ammunition - 2 Live Rounds, Spent Cartridges, Caliber,	Owner: Gareth Woods
		Used as Weapon? No Taken/Stolen? No Recovered? No
	Property #2	Possessor/User: Woods, Gareth A
	Quantity: 2	Inventory #: [REDACTED]
	Description: Spent Taser Cartridges	Owner: Gareth Woods
	Serial #: [REDACTED]	Used as Weapon? Yes Taken/Stolen? No Recovered? Yes
	Color: Black	Property Type: Other

NARRATIVES

EVENT# [REDACTED] IN SUMMARY: R/O'S RESPONDED TO A CALL OF A DOMESTIC DISTURBANCE. UPON ARRIVAL, R/O'S MET WITH [REDACTED] (OFFENDER) OUTSIDE THE RESIDENCE OF [REDACTED] (VICTIM AND COMPLAINANT). [REDACTED] (VICTIM AND COMPLAINANT) WAS AT THE OPEN WINDOW OF HER SECOND FLOOR APARTMENT. VICTIM [REDACTED] RELATED OFFENDER HAD CALLED HER AT APPROX 0540HRS TO COME AND PICK UP HIS CELLPHONE. VICTIM [REDACTED] HAD TOLD OFFENDER NOT TO COME TO RESIDENCE AND IF HE DID SHE WOULD CALL THE POLICE. OFFENDER THEN CAME TO HER RESIDENCE AND SHE NOTIFIED POLICE. R/O'S WERE ON SCENE AND PROCEEDED TO MAKE AN EXCHANGE OF THE CELLPHONE. P.O. BRATEK EXCHANGED CELLPHONES AT WHICH TIME OFFENDER TOOK A SWING AT VICTIM [REDACTED] STRIKING HER ON THE RIGHT SIDE OF THE FACE CAUSING VISIBLE REDNESS. R/O'S ATTEMPTED TO PLACE OFFENDER IN CUSTODY AT WHICH TIME OFFENDER RESISTED AND BECAME PHYSICALLY AGGRESSIVE, FLAILING HIS HANDS AND KICKING HIS FEET TO AVOID BEING PLACED IN CUSTODY. OFFENDER IGNORED R/O'S REPEATED VERBAL DIRECTIONS TO STOP RESISTING AND CONTINUED TO FIGHT. P.O. WOODS DREW HIS TAZER, ARMED IT, AND AIMED IT AT OFFENDER AND DIRECTED HIM TO STOP RESISTING OR HE WOULD BE FORCED TO TAZE HIM. SARGEANT SWAIN ALSO GAVE VERBAL DIRECTINS, THREE TIMES TO OFFENDER TO STOP RESISTING OR HE WOULD BE TASED. OFFENDER REFUSED TO STOP RESISTING AT WHICH TIME PO WOODS DEPLOYED HIS TAZER. OFFENDER WAS WEARING A LEATHER JACKET AND MULTIPLE LAYERS OF CLOTHING RENDERING THE TAZER INEFFECTIVE. THE PRONGS DID NOT PENETRATE TO THE SKIN OF OFFENDER. OFFENDER CONTINUED TO ACTIVELY RESIST AND PO WOODS THEN DEPLOYED HIS TAZER A SECOND TIME WITH THE SAME NEGATIVE RESULT. OFFENDER CONTINUED TO ACTIVELY RESIST AND OFFICERS BRATEK, WOODS, WOLINSKI AND SWAIN USED EMERGENCY TAKE DOWN TECHNIQUE TO BRING HIM TO THE GROUND, RESTRAIN HIM AND PLACE HANDCUFFS ON HIM. OFFENDER WAS ARRESTED AND TRANSPORTED TO 15TH DISTRICT MALE LOCK UP AT 0747HRS

NARRATIVES

BY PO HUNTER #12932, BEAT 1542. DIN AND VIN GIVEN. COURT INFO: FEB 3RD, BRANCH 63-02, 0900HRS OFFENDER CHARGED WITH DOMESTIC BATTERY, ILCS 720 5/12-3-A-2 RESISTING ARREST (4) COUNTS, ILCS 720 5/31-1-A INVENTORIES: [REDACTED]

- STAR#: 8077 NAME: CHRISTOPH BRATEK BEAT: 1523
- STAR#: 1335 NAME: MATTHEW SWAIN BEAT: 1520
- STAR#: 4841 NAME: GARETH WOODS BEAT: 1541
- STAR#: 16075 NAME: WOLINSKI BEAT: 1520

PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Reporting Officer	4841	[REDACTED]	WOODS, Gareth, A	[REDACTED]	17 Jan 2015 11:43	015	1541

IUCR ASSOCS.

Victim	IUCR	Crime	Offender
[REDACTED]	0486	Battery - Domestic Battery Simple	[REDACTED]
BRATEK	0486	Battery - Domestic Battery Simple	[REDACTED]
WOODS A Gareth	0486	Battery - Domestic Battery Simple	[REDACTED]
SWAIN	0486	Battery - Domestic Battery Simple	[REDACTED]
WOLINSKI	0486	Battery - Domestic Battery Simple	[REDACTED]

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 17-JAN-2015		TIME 07:52:00		2. ADDRESS OF OCCURRENCE [REDACTED]		3. LOCATION CODE 289		4. BEAT/OCCUR 1531					
MEMBER INVOLVED	5. POSITION 9161	8. LAST NAME WOODS	7. FIRST NAME GARETH A		8. STAR NO. 4841	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE 20-MAR-1973	12. HT. 601	13. WT. 156			
	14. DATE OF APPT 15-MAR-2013	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 015 1541		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
SUBJECT INFORMATION	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. J	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. 511	27. WT. 220			
	28. ADDRESS [REDACTED]		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]				34. BY WHOM? [REDACTED]		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****			37. CB NO. 19045543	IR NO. [REDACTED]	
REASON FOR USE OF FORCE (Check all that apply)	38. DNA <input type="checkbox"/>		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT-ASSAULT		ASSAILANT-BATTERY		ASSAILANT-DEADLY FORCE		
	SUBJECT'S ACTIONS		MEMBER'S RESPONSE		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		
WEAPON DISCHARGE INCIDENT	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR		45. MAKE/MANUFACTURER		46. MODEL	47. BARREL LENGTH	48. CALIBER/GAUGE
	49. TASER DART ID NO. C6200A5DX/T86		50. WEAPON SERIAL No. (Include Letters) [REDACTED]		51. CHICAGO GUN REG. NO. [REDACTED]		52. IL FIREARM OWNER ID NO. [REDACTED]		53. HANDGUN CERTIFICATE NO. [REDACTED]		54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		55. PROPERTY INVENTORY NO. [REDACTED]
CASE INFO.	56. TYPE OF AMMUNITION USED		57. NO OF WEAPONS DISCHARGED BY THIS MEMBER 1		58. TOTAL NO. OF SHOTS MEMBER FIRED		59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) TASER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO OF CARTRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, CAR, FURNITURE, ETC.)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)
SIGNATURES	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input checked="" type="checkbox"/> CPIC		NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		73. REPORTING MEMBER (Print Name) WOODS, GARETH A		STAR/EMPLOYEE NO. 4841		SIGNATURE [REDACTED]		70. EVENT NO. [REDACTED]
	74. REVIEWING SUPERVISOR (Print Name) SWAIN, MATTHEW		STAR NO. 1335		SIGNATURE [REDACTED]		DATE REVIEWED 17-JAN-2015 12:24:48		TIME				

SUBJECT
INFORMATION

36 CHARGES PLACED

☐ DNA

720 ILCS 5.0/12-3.2-A-2, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS
5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-3-A-2

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LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ INTERVIEW NOT CONDUCTED (Specify Reason)

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☐ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

SIGNATURE

DATE COMPLETED

TIME

79. TOTAL TRR's THIS EVENT No.

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 17-JAN-2015		TIME 07:52:00		2. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE 289		4. BEAT/OCCUR 1531								
	5. POSITION 9161		6. LAST NAME BRATEK		7. FIRST NAME CHRISTOPH W		8. STAR NO. 8077		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE [REDACTED]		12. HT. 602		13. WT. 192	
	14. DATE OF APPT. 24-SEP-2001		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 015 1523		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. [REDACTED]		26. HT. 511		27. WT. 220			
SUBJECT INFORMATION	28. ADDRESS [REDACTED]		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No									
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]				34. BY WHOM? ATTENDING PHYSICIAN		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid											
	36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****																	
	37. CB NO. [REDACTED]																IR NO. <input type="checkbox"/> DNA	
REASON FOR USE OF FORCE (Check all that apply)	38. DNA <input type="checkbox"/>																	
	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE									
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>									
	STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>									
WEAPON DISCHARGE INCIDENT	MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input checked="" type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>									
	VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____									
	ESCORT HOLDS <input checked="" type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>											
	WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>															
CASE INFO.	ARMBAR <input checked="" type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>															
	PRESSURE SENSITIVE AREAS <input checked="" type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>															
	CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>															
	OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		OTHER _____															
SIGNATURES	39. DNA <input checked="" type="checkbox"/>																	
	40. ADDITIONAL INFORMATION																	
	POSITION		STAR NO.		UNIT													
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		44. SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR									
45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE												
49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.										
54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		58. TOTAL NO. OF SHOTS MEMBER FIRED										
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)												
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO														
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																
70. EVENT NO. [REDACTED]																		
71. R.D. NO. [REDACTED]																		
72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																		
73. REPORTING MEMBER (Print Name) BRATEK, CHRISTOPH W STAR/EMPLOYEE NO. 8077 SIGNATURE [REDACTED] 17-JAN-2015 12:27:10																		
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																		
74. REVIEWING SUPERVISOR (Print Name) SWAIN, MATTHEW STAR NO. 1335 SIGNATURE [REDACTED] DATE REVIEWED 17-JAN-2015 12:27:37 TIME																		

36. CHARGES PLACED

720 ILCS 5.0/12-3.2-A-2, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS
5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-3-A-2

☐ DNA

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA☐ REFUSED☐ INTERVIEW NOT CONDUCTED (Specify Reason)

After being read rights per pre-printed card, subject stated that he was just trying to get his belongings and that he hit the door and not the victim. Subject stated that the sergeant told him to calm down and put his hands behind his back. Subject stated that he did not comply and also stated "I resisted." The subject stated that he kept his hands at his side and was boisterous and "tossing." Subject stated that the Taser was used on him twice and did not have an effect on him. Subject stated that the officer with the slicked back hair tried to hold the subject but couldn't get a grip on him. Subject stated the officer "pounced" on him and struck him in the face. Subject stated that during this time he was talking boisterously but not fighting.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the information available at this time, including the statements of the subject indicating that he was an active resister, the measures used by the officers to obtain control of the subject were reasonable especially in light of the fact that the subject stated that the Taser had no effect on him. While the subject stated that he felt the force used against him was excessive, his own statements indicate that the officers needed to use force to control and cuff the subject. Therefore, I have concluded that the member's actions were in compliance with Department procedures and directives.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1073399 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

VANN JR, EUGENE G

SIGNATURE

DATE COMPLETED

TIME

17-JAN-2015 13:08:50

79. TOTAL TRR's THIS EVENT No.

4

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 17-JAN-2015		TIME 07:52:00		2. ADDRESS OF OCCURRENCE			3. LOCATION CODE 289		4. BEAT/OCCUR 1531						
	5. POSITION 9161		6. LAST NAME WOODS		7. FIRST NAME GARETH A		8. STAR NO. 4841		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE 601		12. HT. 156	
	14. DATE OF APPT. 15-MAR-2013		15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT 015 1541		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
	20. LAST NAME		21. FIRST NAME		22. M.I.		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B.		26. HT. 511		27. WT. 220	
SUBJECT INFORMATION	28. ADDRESS		29. TELEPHONE NO.		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
	33. WHERE WAS MEDICAL TREATMENT OBTAINED?				34. BY WHOM?		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid									
	36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****															
	37. CB NO. IR NO. <input type="checkbox"/> DNA															
REASON FOR USE OF FORCE (Check all that apply)	38. DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE					
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>							
	STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>							
	OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____							
WEAPON DISCHARGE INCIDENT	MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>							
	VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____							
	ESCORT HOLDS <input checked="" type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>									
	WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>		OTHER _____											
CASE INFO.	ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input checked="" type="checkbox"/>													
	PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>													
	CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>													
	OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		OTHER _____													
SIGNATURES	39. DNA															
	40. ADDITIONAL INFORMATION CARTRIDGE SERIAL NUMBERS C6200A5DX, C6200AT86															
	POSITION		STAR NO.		UNIT											
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR									
45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE										
49. TASER DART ID NO. C6200A5DX/T86		50. WEAPON SERIAL No. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.								
54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		58. TOTAL NO. OF SHOTS MEMBER FIRED								
59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) TASER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		70. EVENT NO.								
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO												
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.								71. R.D. NO.						
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)														
72. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input checked="" type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																
73. REPORTING MEMBER (Print Name) WOODS, GARETH A		STAR/EMPLOYEE NO. 4841		SIGNATURE												
74. REVIEWING SUPERVISOR (Print Name) SWAIN, MATTHEW																
STAR NO. 1335		SIGNATURE		DATE REVIEWED 17-JAN-2015 12:24:48		TIME										

SUBJECT INFORMATION	36. CHARGES PLACED	<input type="checkbox"/> DNA	
	720 ILCS 5.0/12-3.2-A-2, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-3-A-2		

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA☐ REFUSED☐ INTERVIEW NOT CONDUCTED (Specify Reason)

After being read rights per pre-printed card, subject stated that he was just trying to get his belongings and that he hit the door and not the victim. Subject stated that the sergeant told him to calm down and put his hands behind his back. Subject stated that he did not comply and also stated "I resisted." The subject stated that he kept his hands at his side and was boisterous and "tossing." Subject stated that the Taser was used on him twice and did not have an effect on him. Subject stated that the officer with the slicked back hair tried to hold the subject but couldn't get a grip on him. Subject stated the officer "pounded" on him and struck him in the face. Subject stated that during this time he was talking boisterously but not fighting.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the information available at this time, including the statements of the subject indicating that he was an active resister, the measures used by the officers to obtain control of the subject were reasonable especially in light of the fact that the subject stated that the Taser had no effect on him. While the subject stated that he felt the force used against him was excessive, his own statements indicate that the officers needed to use force to control and cuff the subject. Therefore, I have concluded that the member's actions were in compliance with Department procedures and directives.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1073399 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

VANN JR, EUGENE G

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

17-JAN-2015 13:08:13

79. TOTAL TRR's THIS EVENT No.

4

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 17-JAN-2015		TIME 07:44:00		2. ADDRESS OF OCCURRENCE [REDACTED]				3. LOCATION CODE 289		4. BEAT/OCCUR 1531									
	5. POSITION 9161		6. LAST NAME WOLINSKI		7. FIRST NAME LUKASZ		8. STAR NO. 16075		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE [REDACTED]		12. HT. 510		13. WT. 180			
	14. DATE OF APPT. 27-MAY-2014		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 044 1520		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No									
	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. [REDACTED]		26. HT. 511		27. WT. 220					
SUBJECT INFORMATION	28. ADDRESS [REDACTED]		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No									
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]				34. BY WHOM? [REDACTED]				35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid											
	36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****																37. CB NO. [REDACTED]		IR NO. <input type="checkbox"/> DNA	
REASON FOR USE OF FORCE (Check all that apply)	38. DNA <input type="checkbox"/>		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE									
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>									
	STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER <u>FLAILED HIS HANDS</u>		OTHER _____		OTHER _____		WEAPON <input type="checkbox"/>									
	OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____									
WEAPON DISCHARGE INCIDENT	MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>											
	VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____											
	ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>													
	WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>																	
CASE INFO.	ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>																	
	PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>																	
	CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>																	
	OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		OTHER _____																	
SIGNATURES	39. DNA <input checked="" type="checkbox"/>																			
	40. ADDITIONAL INFORMATION																			
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER <input type="checkbox"/>																			
	42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors <input type="checkbox"/> 01 Night <input type="checkbox"/> 02 Dawn <input type="checkbox"/> 03 Dusk <input type="checkbox"/> 04 Daylight <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial																			
CPD-11.377 (REV. 3/08)	43. LIGHTING CONDITIONS																			
	44. WEATHER CONDITIONS CLEAR																			
	45. MAKE/MANUFACTURER																			
	46. MODEL																			
CPD-11.377 (REV. 3/08)	47. BARREL LENGTH																			
	48. CALIBER/GAUGE																			
	49. TASER DART ID NO.																			
	50. WEAPON SERIAL No. (Include Letters)																			
CPD-11.377 (REV. 3/08)	51. CHICAGO GUN REG. NO.																			
	52. IL FIREARM OWNER ID. NO.																			
	53. HANDGUN CERTIFICATE NO.																			
	54. SPECIAL WEAPON CERTIFICATE NO.																			
CPD-11.377 (REV. 3/08)	55. PROPERTY INVENTORY NO.																			
	56. TYPE OF AMMUNITION USED																			
	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER																			
	58. TOTAL NO. OF SHOTS MEMBER FIRED																			
CPD-11.377 (REV. 3/08)	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)																			
	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																			
	61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED																			
	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)																			
CPD-11.377 (REV. 3/08)	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)																			
	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD																			
	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																			
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)																			
CPD-11.377 (REV. 3/08)	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																			
	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN																			
	69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																			
CPD-11.377 (REV. 3/08)	70. EVENT NO. [REDACTED]																			
	71. R.D. NO. [REDACTED]																			
	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																			
	73. REPORTING MEMBER (Print Name) WOLINSKI, LUKASZ 17-JAN-2015 10:45:19 STAR/EMPLOYEE NO. 16075 SIGNATURE [REDACTED]																			
CPD-11.377 (REV. 3/08)	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																			
	74. REVIEWING SUPERVISOR (Print Name) SWAIN, MATTHEW STAR NO. 1335 SIGNATURE [REDACTED] DATE REVIEWED 17-JAN-2015 10:46:37 TIME																			

SUBJECT
INFORMATION

36. CHARGES PLACED

720 ILCS 5.0/12-3.2-A-2, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS
5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-3-A-2

☐ DNA

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA☐ REFUSED☐ INTERVIEW NOT CONDUCTED (Specify Reason)

After being read rights per pre-printed card, subject stated that he was just trying to get his belongings and that he hit the door and not the victim. Subject stated that the sergeant told him to calm down and put his hands behind his back. Subject stated that he did not comply and also stated "I resisted." The subject stated that he kept his hands at his side and was boisterous and "tossing." Subject stated that the Taser was used on him twice and did not have an effect on him. Subject stated that the officer with the slicked back hair tried to hold the subject but couldn't get a grip on him. Subject stated the officer "pounded" on him and struck him in the face. Subject stated that during this time he was talking boisterously but not fighting.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the information available at this time, including the statements of the subject indicating that he was an active resister, the measures used by the officers to obtain control of the subject were reasonable especially in light of the fact that the subject stated that the Taser had no effect on him. While the subject stated that he felt the force used against him was excessive, his own statements indicate that the officers needed to use force to control and cuff the subject. Therefore, I have concluded that the member's actions were in compliance with Department procedures and directives.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1073399 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

VANN JR, EUGENE G

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

17-JAN-2015 13:09:20

79. TOTAL TRR's THIS EVENT No.

4

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 17-JAN-2015		TIME 07:48:00		2. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE 289		4. BEAT/OCCUR 1531										
	5. POSITION 9171		6. LAST NAME SWAIN		7. FIRST NAME MATTHEW		8. STAR NO. 1335		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE [REDACTED]		12. HT. 508		13. WT. 140			
	14. DATE OF APPT. 02-JAN-1992		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 015 1520		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No									
	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. [REDACTED]		26. HT. 511		27. WT. 220					
SUBJECT INFORMATION	28. ADDRESS [REDACTED]		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No									
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]				34. BY WHOM? [REDACTED]		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid													
	36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****																			
REASON FOR USE OF FORCE (Check all that apply)	37. CB NO. [REDACTED] IR NO. [REDACTED] <input type="checkbox"/> DNA																			
	38. DNA <input type="checkbox"/>																			
SUBJECT'S ACTIONS	PASSIVE RESISTER				ACTIVE RESISTER				ASSAILANT: ASSAULT				ASSAILANT: BATTERY				ASSAILANT: DEADLY FORCE			
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____				FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER FLAILED HANDS AND KIC				IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____				ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____				USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____			
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____				OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____				ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____				KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>				FIREARM <input type="checkbox"/> OTHER _____			
	39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]																			
WEAPON DISCHARGE INCIDENT	40. ADDITIONAL INFORMATION																			
	POSITION [REDACTED]				STAR NO. [REDACTED]				UNIT [REDACTED]											
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER				42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors				43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial				44. WEATHER CONDITIONS CLEAR							
	45. MAKE/MANUFACTURER [REDACTED]				46. MODEL [REDACTED]				47. BARREL LENGTH [REDACTED]				48. CALIBER/GAUGE [REDACTED]							
	49. TASER DART ID NO. [REDACTED]				50. WEAPON SERIAL No. (Include Letters) [REDACTED]				51. CHICAGO GUN REG. NO. [REDACTED]				52. IL FIREARM OWNER ID. NO. [REDACTED]							
	53. HANDGUN CERTIFICATE NO. [REDACTED]				54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]				55. PROPERTY INVENTORY NO. [REDACTED]				56. TYPE OF AMMUNITION USED [REDACTED]							
	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED]				58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]															
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) [REDACTED]				60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO				61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED [REDACTED]				62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) [REDACTED]							
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) [REDACTED]				64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]				65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO											
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]				67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.															
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN				69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]																
CASE INFO.	70. EVENT NO. [REDACTED]																			
	71. R.D. NO. [REDACTED]																			
SIGNATURES	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																			
	73. REPORTING MEMBER (Print Name) SWAIN, MATTHEW 17-JAN-2015 10:44:14 STAR/EMPLOYEE NO. 1335 SIGNATURE [REDACTED] Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																			
74. REVIEWING SUPERVISOR (Print Name) VANN JR, EUGENE G STAR NO. 277 SIGNATURE [REDACTED] DATE REVIEWED 23-JAN-2015 08:47:43 TIME																				

SUBJECT INFORMATION	36. CHARGES PLACED	<input type="checkbox"/> DNA	
	720 ILCS 5.0/12-3.2-A-2, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-3-A-2		

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA☐ REFUSED☐ INTERVIEW NOT CONDUCTED (Specify Reason)

After being read rights per pre-printed card, subject stated that he was just trying to get his belongings and that he hit the door and not the victim. Subject stated that the sergeant told him to calm down and put his hands behind his back. Subject stated that he did not comply and also stated "I resisted." The subject stated that he kept his hands at his side and was boisterous and "tossing." Subject stated that the Taser was used on him twice and did not have an effect on him. Subject stated that the officer with the slicked back hair tried to hold the subject but couldn't get a grip on him. Subject stated the officer "pounced" on him and struck him in the face. Subject stated that during this time he was talking boisterously but not fighting.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the information available at this time, including the statements of the subject indicating that he was an active resister, the measures used by the officers to obtain control of the subject were reasonable especially in light of the fact that the subject stated that the Taser had no effect on him. While the subject stated that he felt the force used against him was excessive, his own statements indicate that the officers needed to use force to control and cuff the subject. Therefore, I have concluded that the member's actions were in compliance with Department procedures and directives.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1073399 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

VANN JR, EUGENE G

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

23-JAN-2015 08:48:21

79. TOTAL TRR's THIS EVENT No.

4

**TASER Information**

Serial ZZX3006AP
Model TASER X2
Firmware Version Rev. 03.045
Application Version 3.12.48
Health Good

Offline Report

Local Timezone Central Standard Time (UTC -05:00)
Generated On 31 Mar 2015 07:44:58

Event types shown : Trigger, Arc

Dates from : Sat Jan 17 00:00:00 2015 to : Sat Jan 17 23:00:00 2015

Device (X2)

Seq #	Local Time [DD:MM:YYYY hh:mm:ss]	Event [Event Type]	Cartridge Info [Bay: length in feet/status]	Duration [Seconds]	Temp [Degrees Celsius]	Batt Remaining [%]
15338	17 Jan 2015 07:48:26	Trigger	C1: Deployed	5		74
15339	17 Jan 2015 07:48:43	Arc	C1: Deployed C2: 25' Standard	1		73
15340	17 Jan 2015 07:48:43	Trigger	C2: Deployed	5		73
15347	17 Jan 2015 15:57:40	Arc	C1: 25' Standard C2: 25' Standard	1		72